

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069184**

FILING DATE

APPLICANT(S)

		CLAIMS									
	FILED DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1										
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TOTAL IND.											
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TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS